

Case Number:	CM14-0116516		
Date Assigned:	08/04/2014	Date of Injury:	08/29/2013
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 37 year-old male with the date of injury of 08/29/2013. The patient presents with pain in his neck and lower back. The patient's range of neck or lumbar motion is limited. The patient reports radiating symptoms in his upper arm, buttocks, and left leg. According to [REDACTED] report on 05/06/2014, diagnostic impressions are: 1) Cervical degenerative disc disease with facet pain 2) Lumbar degenerative disc disease with possible facet joint 3) Left greater than right sacroiliitis, piriformis syndrome, greater trochanteric bursitis [REDACTED] requested 16 sessions of physical therapy for the cervical spine and lumbar spine. The utilization review determination being challenged is dated on 06/25/2014. [REDACTED] is the requesting provider, and she provided treatment reports from 12/12/2013 to 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy two (2) times a week for eight (8) weeks for the Cervical Spine and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy and Rehabilitation, Physical Medicine Guidelines Page(s): 98-98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in his neck/ lower back and weakness in his upper/ lower extremities. The request is for physical therapy two (2) times a week for eight (8) weeks for the cervical spine and lumbar spine. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. None of the reports indicate that the patient has had therapy in the past. The treater has asked for therapy but does not explain why therapy is needed. In this case a short course of therapy may be reasonable to address his neck and lower back symptoms. For example, the patient continues to have ROM issues with the neck and lower back. However, the current request for 16 sessions exceeds what is recommended per MTUS guidelines. The request is not medically necessary.